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THE HARLESTON LAW FIRM, LLC

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FAX COVER SHEET**DATE:** July 19, 2006**TO:** Examiner Sharmila S. Gollamudi
Art Unit 1616, USPTO**Fax:** 571-273-8300**Voice:** 571-272-0614**FROM:** Kathleen M. Harleston**Fax:** 843-971-9505**Voice:** 843-971-9453**THIS IS PAGE ONE OF** 10.**COMMENT:****Re: Pending Patent Application No. 10/612,517**

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/612,517	
	Filing Date	July 2, 2003	
	First Named Inventor	Marsella Jefferson	
	Art Unit	1616	
	Examiner Name	Sharmila S. Gollamudi	
Total Number of Pages in This Submission	9	Attorney Docket Number	1111

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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ <input type="checkbox"/> Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Harleston Law Firm, LLC		
Signature	<i>Kathleen M. Harleston</i>		
Printed name	Kathleen M. Harleston		
Date	July 19, 2006	Reg. No.	33,398

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Kathleen M. Harleston</i>		
Typed or printed name	Kathleen M. Harleston	Date	July 19, 2006

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Attorney Docket No. 1111

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Application of)	Examiner: Sharmila S. Gollamudi
MARSELLA JEFFERSON)	Art Unit: 1616
Application No. 10/612,517)	
Filed July 2, 2003)	
For Hair Treatment Compositions)	

RESPONSE TO RESTRICTION/ELECTION REQUIREMENT
AND PRELIMINARY AMENDMENT

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the second restriction/election requirement dated April 19, 2006 (see page 6), and a preliminary amendment in the above-cited, pending patent application. Please amend the above-cited patent application without prejudice as set forth below.

AMENDMENTS

- a. **Amendments to the Claims** are reflected in the listing of claims, which begins on page 2 of this paper.
- b. **Remarks** begin on page 6 of this paper.